

### FASD-Related Literature

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## FASD-RELATED LITERATURE

### New Data Show Drinking While Pregnant Still a Problem

*Exposure to alcohol is a known cause of birth defects*

The number of women who drink alcohol while pregnant is not decreasing, according to a 15-year study by the [Centers for Disease Control and Prevention](#) (CDC). Study estimates for each of the 15 years were that approximately 1 of every 8 pregnant women drank “any” amount of alcohol and 1 of every 50 engaged in binge drinking. Any alcohol use was defined as at least one drink of any alcoholic beverage in the last 30 days. [Binge drinking](#) was defined as having five or more drinks on at least one occasion in the last 30 days. Any alcohol use was defined as at least one drink of any alcoholic beverage in the last 30 days.

These drinking patterns persisted despite repeated warning from the U.S. surgeon general about the dangers of drinking alcohol during pregnancy. The 2005 surgeon general's advisory on alcohol use in pregnancy told women who were pregnant or might become pregnant to abstain from alcohol consumption to eliminate the chance of giving birth to a baby with alcohol-related birth defects.

The CDC study, *Alcohol use among women of childbearing age – United States, 1991-2005* was published in CDC's [Morbidity and Mortality Weekly Report](#) (2009; 58(19):529-532).

This CDC analysis, as well as a study on published by the [U.S. Substance Abuse and Mental Health Services Administration](#), shows that far too many women used potentially harmful substances, especially alcohol, during pregnancy.

“[Fetal] exposure to alcohol can cause lifelong physical and mental disabilities that are preventable by avoiding alcoholic drinks while pregnant,” said [Edwin Trevathan](#), director of the

CDC's [National Center on Birth Defects and Developmental Disabilities](#). "All women should know that there is no known safe amount of alcohol to drink or safe time to drink it during pregnancy. We encourage all women to pay attention to the surgeon general warnings."

The study found that pregnant women most likely to report any alcohol use were 35 to 44 years of age (17.7 percent), college graduates (14.4 percent), employed (13.7 percent), and unmarried (13.4 percent). Pregnant women who reported binge drinking were more likely to be employed and unmarried than were pregnant women who did not report binge drinking. This study did not examine why women are still drinking while pregnant.

"By screening and advising women about the risks of drinking while pregnant, health care providers can play a key role in reducing rates of fetal alcohol syndrome," said Clark Denny, a CDC epidemiologist and primary author of the study. "This study revealed that there is still a great need for health care professionals to routinely ask all women who are pregnant or at risk of being pregnant about their alcohol consumption."

The study examined data from 533,506 women aged 18 to 44 years; 22,027 reported being pregnant at the time of the interview. The data were obtained from the [Behavioral Risk Factor Surveillance System \(BRFSS\)](#). BRFSS is a State-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.

For more information about fetal alcohol syndrome and other birth defects related to exposure to alcohol, call toll free 1-800 CDC-INFO or visit <http://www.cdc.gov/fasd>.

### **Erratum for Reducing Alcohol-Exposed Pregnancies: a Report of the National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effects**

Announcements and printed copies of the new publication, *Reducing Alcohol-Exposed Pregnancies: a Report of the National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect* (<http://www.cdc.gov/ncbddd/fas/default.htm>), were recently distributed. Two errors appear in Figures 1 and 2 in the "Background and Epidemiological Overview" section on page 3. The dark purple bars represent BINGE, and the light purple bars represent ANY USE in these figures. Colors on the legends were labeled incorrectly. The Web version of the document has been corrected.

## **FASD TRAINING OPPORTUNITY**

### **Understanding FASD and Intervention Strategies for Children**

Understanding FASD and Intervention Strategies for Children is an online training designed for professionals and volunteers who work with children. The purpose of the training is to promote awareness of fetal alcohol spectrum disorders and the effects of alcohol exposure on the developing fetus. This training will provide a definition of FASD, characteristics of FASD, methods for working with children prenatally exposed to alcohol, local resources, and diagnostic information. This training is offered by the Texas Office for Prevention of Developmental Disabilities, which is approved by the Texas State Board of Social Workers Examiners as a

provider of continuing education in social work and continuing professional credits in early childhood intervention. The training is worth 3 credits.

For additional information, see <http://www.topdd.state.tx.us/continuingeducation.php>.

## **FASD EVENTS**

### **National Organization on Fetal Alcohol Syndrome: Affiliates Summit, Annual Hill Day, and Leadership Awards Benefit**

The National Organization on Fetal Alcohol Syndrome (NOFAS) will host their advocacy events on June 23-24, 2009, in Washington, DC.

*NOFAS Affiliates Summit, June 23:* The Affiliate Summit is an event to welcome new affiliates, review activities, and update attendees about new resources and other relevant information. Affiliates are also invited to make presentations on the progress of their organizations. Nonaffiliated advocates are invited to participate in the meeting.

*NOFAS Annual Hill Day, June 24:* The Annual Hill Day event allows families and FASD advocates the opportunity to meet with members of Congress and congressional staff to share their experiences on living and working with persons who have an FASD. For confirmed attendees, NOFAS will arrange a series of meetings with the elected officials from the appropriate States and districts or their legislative assistants.

*NOFAS Leadership Awards Benefit, June 24:* The Leadership Awards Benefit is an event recognizing distinguished members of Congress, community leaders, and other outstanding individuals for their commitment to the prevention of alcohol-related birth defects.

To participate or obtain more information about any of the NOFAS advocacy events, contact Tom Donaldson (202-785-4585) or visit the Web site (<http://www.nofas.org/>).

### **Abstract submissions for the Fourth National Biennial conference on Adolescents and Adults with FASD**

The Fourth National Biennial Conference on Adolescents and Adults with Fetal Alcohol Spectrum Disorder will take place on April 14th -17th, 2010 in Vancouver, British Columbia. The conference brings together professionals and families to share research, experience, and practice in order to sustain and enhance the lives of adolescents and adults with FASD, their families, service providers, and communities. This conference is essential for those working and living with individuals with FASD. An electronic PDF copy of the advanced notice is available to download at:

[http://www.interprofessional.ubc.ca/Brochures/Adults2010\\_Advance%20Notice.pdf](http://www.interprofessional.ubc.ca/Brochures/Adults2010_Advance%20Notice.pdf)

Abstract submissions will be accepted now through September 15, 2009. The abstract must be submitted through the online electronic submission form at:

<http://www.interprofessional.ubc.ca/Adults.html> or by email to: [ipinfo@interchange.ubc.ca](mailto:ipinfo@interchange.ubc.ca) in Word Document format (.doc) or in Rich Text Format (.RTF) using minimal text formatting.